

percent changes for these causes have been adjusted according to comparability ratios based on dual coding of death certificates by the Eighth and Ninth Revisions of the International Classification of Diseases (3). These ratios are specified in the footnotes of Table 9.

In the last few decades, much progress has been made in the reduction of childhood death rates, especially infant mortality. Even in the last decade, childhood death rates declined substantially, 30 percent for infants and 25 percent for ages one through 19.

The more notable decreases in cause-specific infant death rates involved pneumonia/influenza (59.5%) and unintentional injuries (41.9%) with the unintentional injury death rate falling by one-half for white infants compared to one-third for nonwhite infants. The infant death rate for perinatal conditions fell 21.4 percent, the white rate declining by 29.3 percent and the nonwhite rate declining by 10.8 percent. The SIDS rate fell 14.7 percent for all infants and 33.6 percent for nonwhites. The congenital anomalies death rate fell 9.5 percent, attributable primarily to reduction in the white female rate.

The pneumonia and influenza death rate for ages 1-19 also fell substantially (59.0 %), the white rate falling 64.2 percent and the nonwhite rate falling 53.1 percent. Notable declines in other rates for ages 1-19 were: cancer (37.3%), congenital anomalies (30.9%), motor-vehicle injury (21.3%), and homicide (17.3%). Nonwhites experienced greater improvements in cancer and motor-vehicle injury mortality than whites; and though the white congenital anomaly rate declined 35.9 percent, no change was detected in the nonwhite congenital anomaly rate. Although the white homicide rate fell 28.2 percent, there was virtually no change in the nonwhite homicide rate. All of the mortality rates for leading causes fell substantially, with the exception of the suicide rate, which **increased** 22.6 percent among whites. White males had the largest increase (36.7%).

Unintentional Injury

For the period 1974-78, Tables 5 and 6 provide numbers and rates, respectively, for deaths attributed to unintentional injury (excluding motor-vehicle injury) among North Carolina residents under age 20. Tables 7 and 8 provide corresponding numbers and rates for 1983-87. Table 10 shows statistically significant percent changes in these death rates from 1974-78 to 1983-87.

The unintentional injury death rate (excluding motor-vehicle injury) decreased in nearly every age/race category except that of white 1-4-year-olds and nonwhite 5-9-year-olds where changes in rates were not apparent. The death rate for these injuries fell 43.9 percent for infants, more than in any other age group. However, every age group experienced at least a 20 percent decline in this rate.

The unintentional injury rate for all youth under age 20 fell 34.7 percent. On a cause-specific basis, notable rate decreases were: poisoning (45.6%), inhalation/ingestion causing obstruction (44.9%), firearms (44.4%), and drowning (39.7%). Even more marked decreases are noted in certain age groups: firearms at ages 1-4 (78.2%) and ages 5-9 (66.8%), nonwhite infant deaths due to fires (78.1%), and all infant fire deaths (68.1%). The death rate for falls among 1-4-year-olds decreased 66.1 percent, and the death rate for poisoning decreased 76.5 percent in this age group.

Comparisons of North Carolina and United States Rates

Leading Causes

Death rates for North Carolina youth for the years 1983-87 are compared to the 1983-86 national death rates. National childhood death rates for leading causes are in Table 11. The statistically significant percent differences between the North Carolina and United States rates for leading causes of childhood death are in Table 12.

For the time periods compared, North Carolina's infant death rate was 14.2 percent higher than the national rate. No other single age group experienced a total death rate significantly different from the corresponding national rate. On a cause-specific basis, the infant death rate for motor-vehicle injuries was 59.4 percent higher in North Carolina than in the nation as a whole, primarily attributable to nonwhite infants who experienced a rate 85.8 percent higher than the national nonwhite infant rate. The following North Carolina cause-specific infant death rates were also higher than the national rates (see Table 12): perinatal conditions (21.8%), unintentional injury (21.9%), SIDS (11.0%), and congenital anomalies (6.7%). Also of note, the white infant death rate for pneumonia and influenza was 41.9 percent lower in North Carolina than nationally.